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PTO/SB/05 (03-01) Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

ER 247803204US

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UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No.	559P021
First Inventor	A.K. Gunnar Aberg
METHODS FO	R-TREATING URINARY CE AND OTHER DISORDERS

Express Mail Label No.

(Only for new nonprovisional applications under 37 CFR 1.53(b)) **APPLICATION ELEMENTS**

APPLICATION ELEMENTS		,	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application				
See MPEP chapter 600 concerning utility patent application contents.			Washington, DC 20231				
Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)			7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)				
2. X Applicant claims sn See 37 CFR 1.27.	-		Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)				
Specification (preferred arrangement	[Total Pages 20]		a. Computer Readable Form (CRF)				
- Descriptive title of			b. Specification Sequence Listing on:				
 Statement Regard 	to Related Applications rding Fed sponsored R & D		i. CD-ROM or CD-R (2 copies); or				
	uence listing, a table,		ii. paper				
or a computer pr - Background of tl	ogram listing appendix		c. Statements verifying identity of above copies				
- Brief Summary of			- Land				
 Brief Description 	of the Drawings (if filed)		ACCOMPANYING APPLICATION PARTS				
- Detailed Descrip	tion		9. Assignment Papers (cover sheet & document(s))				
Claim(s)Abstract of the I	Disclosure		10. 37 CFR 3.73(b) Statement (when there is an assignee) Power of Attorney				
4. Drawing(s) (35 U.	S.C. 113) [Total Sheets	1	11. English Translation Document (if applicable)				
5. Oath or Declaration	[Total Pages	1	12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS				
a. Newty execu	ted (original or copy)		13. Preliminary Amendment				
b. Copy from a	prior application (37 CFR 1.63 (d)) ion/divisional with Box 18 completed)		Return Receipt Postcard (MPEP 503) (Should be specifically itemized)				
	ON OF INVENTOR(S)		15. Certified Copy of Priority Document(s) (if foreign priority is claimed)				
	ement attached deteting inventor(s)		Nonnublication Promost under 35 H.S.C. 122				
	ne prior application, see 37 CFR and 1.33(b).		(b)(2)(B)(i). Applicant must attach form PTO/SB/3				
6. Application Data	Sheet. See 37 CFR 1.76		or its equivalent.				
			17. Other:				
18. If a CONTINUING APPLIC	CATION, check appropriate box, and	supply ti	he requisite information below and in a preliminary amendmen				
or in an Application Data She							
Continuation	Divisional Continuation-in-part (CIP)	of prior application No.:/				
Prior application information:	Examiner		Group Art Unit:				
For CONTINUATION OR DIVISIO	ONAL APPS only: The entire disclosure	of the price	or application, from which an oath or declaration is supplied under n or divisional application and is hereby incorporated by reference.				
The incorporation can only be	relied upon when a portion has been ina	dvertenti	y omitted from the submitted application parts.				
	19. CORRESPO						
Customer Number or Bar C	ode Label (Insert Customer No. 67 Au	ieddarec Chbarec	or X Correspondence address below				
Name	Kevin S. Lemack						
	Nields & Lemack	_					
Address	176 E. Main Street	- Su	uite 7				
City	Westboro		tate MA Zip Code 01581				
Country	U.S.A.	Teleph	none 508-898-1818 Fax 508-898-202				
Name (Print/Tyne)	Kevin S. Lemack		Registration No. (Attorney/Agent) 32,579				

Name (Print/Type)	Kevin S. Lemack	Registration No. (Attorne	y/Agent)	32,	2/9	
Signature	A.rl		Date	Oct.	2,	2003
Burden Hour Statement: This form	is estimated to take 0.2 hours to complete	te. Time will vary depending upon the needs	of the indivi	dual case.	Any o	comments o

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

X Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)	471	.00

sporte to a collection of information unless it displays a valid OMB control fulfiber.				
Compl te if Known				
Application Number				
Filing Date				
First Named Inventor	A.K. Gunnar Aberg			
Examiner Name				
Art Unit	-			
Attorney Docket No.	559P021			

METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued)						
X Check Credit card Money Order None						
X Deposit Account:	<u>Large</u>	Entity				
Donosit	Fee Code	Fee (\$)		Fee (\$)	Fee Description	Fee Paid
Account 14-0930	1051	130	2051		Surcharge - late filing fee or oath	
Deposit	1052	50	2052	25	Surcharge - late provisional filing fee or	
Account Nields & Lemack':	1053	130	1053	120	cover sheet Non-English specification	
The Director is authorized to: (check all that apply)		2.520	1812		For filing a request for ex parte reexamination	
Charge fee(s) indicated below X Credit any overpayments	1804	920*	1804	-,	Requesting publication of SIR prior to	
Charge any additional fee(s) or any underpayment of fee(s)					Examiner action	
Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month	
1. BASIC FILING FEE	1252	420	2252	210	Extension for reply within second month	
Large Entity Small Entity	1253	950	2253	475	Extension for reply within third month	
Fee Fee Fee Fee Pee Pee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension for reply within fourth month	
1001 770 2001 205 Hillian Stine Son	1255	2,010	2255	1,005	Extension for reply within fifth month	
1002 340 2002 170 Design filling fee	1401	330	2401	165	Notice of Appeal	
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brief in support of an appeal	
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for oral hearing	
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
SUBTOTAL (1) (\$) 385.00	1452	110	2452	55	Petition to revive - unavoidable	
		1,330	2453	665	Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501		5 Utility issue fee (or reissue)	
Extra Claims below Fee Paid	1502	480	2502	240	Design issue fee	
Independent 5	1503	640	2503) Plant issue fee	<u> </u>
Nultiple Dependent	1460	130	1460		Petitions to the Commissioner	ļ
	1807	50	180	7 50	Processing fee under 37 CFR 1.17(q)	
Large Entity Small Entity Fee Fee Fee Fee Fee Description	1806	180	180		Submission of Information Disclosure Stmt	
Code (\$). Code (\$).	. 8021	40	802	1. 40	Recording each patent assignment per property (times number of properties)	<u> </u>
1202	1809	770	280		5 Filing a submission after final rejection (37 CFR 1.129(a))	
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	281	0 385	5 For each additional invention to be	
1204 86 2204 43 ** Reissue Independent claims	1		-5,		examined (37 CFR 1.129(b))	
over original patent	1801		2801	385		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802	90	Request for expedited examination of a design application	
SURTOTAL (2) I(S) CO-CO II			pecify) _			<u></u>
**or number previously paid, if greater; For Reissues, see above	Red	uced by	/ Basic	Filing F	Fee Paid SUBTOTAL (3) (\$)	

SUBMITTED BY

Name (Print/Type)

Kevin S. Lemack

Registration No. (Attorney/Agent)

Signature

(Complete (if applicable))

Telephone 508-898-1818

Date Oct. 2, 2003

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant

: A.K. Gunnar Aberg

Serial No.

:

Not yet assigned

Filed

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Herewith By Express Mail

For

METHODS FOR TREATING URINARY INCONTINENCE AND

OTHER DISORDERS USING TROSPIUM

Examiner

:

Not yet assigned

Art Unit

:

Not yet assigned

Attorney

Docket No.

559P021

Type of paper

"EXPRESS MAIL" MAILING LABEL NO. ER247803204US

DATE OF DEPOSIT: October 2, 2003

Utility Patent Application Transmittal Form

I hereby certify that this patent application is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to: Commissioner for Patents, P.O. Box 1450, Mail Stop: Patent Application, Alexandria, VA 22313-1450.

Ann Marie Mahan

Name of person mailing paper or fee

Signapure of person mailing paper or fee

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant

: A.K. Gunnar Aberg

Serial No.

Not yet assigned

Filed

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For

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Examiner

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Art Unit

Not yet assigned

Attorney

Docket No.

559P021

Type of paper

Patent Application

"EXPRESS MAIL" MAILING LABEL NO. **ER247803204US**<u>DATE OF DEPOSIT:</u> October 2, 2003

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Ann Marie Mahan

Name of person mailing paper of fee

Signature of person mailing paper or fee

Attorney Docket No. 559P021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

A.K. Gunnar Aberg

For:

METHODS FOR TREATING URINARY INCONTINENCE AND OTHER

DISORDERS USING TROSPIUM

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir:

LETTER

The above-identified applicant(s) enclose for filing a patent application entitled "METHODS FOR TREATING URINARY INCONTINENCE AND OTHER DISORDERS USING TROSPIUM". Said attached patent application includes (1) Utility Patent Application Transmittal Form (1-Page); (2) Patent Application: 20-Page Specification (including 2-Pages of Claims (14) and 1-Page Abstract); and (3) Fee transmittal form, together with a check in the amount of \$471.00 (small entity) in payment of the filing fee.

The executed Declaration, together with the surcharge for late filing will be submitted in due course.

All correspondence concerning this application should be mailed to:

Kevin S. Lemack
Nields & Lemack
176 E. Main Street-Suite 7
Westboro, Massachusetts 01581

Respectfully submitted,

Kevin S. Lemack Attorney for Applicant Registration No.32,579

Date: October 2, 2003

EXPRESS MAIL NO: ER247803204US